

TOWN OF MASHPEE

Human Resources
16 Great Neck Road North
Mashpee MA 02649
Phone: 508.539.1409 Fax: 508.477.0497
www.mashpeema.gov
personnel@mashpeema.gov



An Equal Opportunity/ Affirmative Action Employer The Town of Mashpee is an equal opportunity employer and will consider all applicants for all positions without regard to race, color, religion, national origin, age, marital status, sex, sexual orientation, veteran status, disability, and any other legally protected status.

Please complete all areas of this application and sign. You may attach a resume or cover letter if you wish. **If you hold current certifications, attach copies to this application.**

Summer Employment Application – NEW APPLICANT

| APPLICANT INFORMATION | | | | | | | | | |
|--|------------------------------|-----------------------------|--|-------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|------|
| Last Name | | | | First | | | | M.I. | Date |
| Street Address | | | | | | | Apartment/Unit # | | |
| City | | | | State | | | | ZIP | |
| Mailing Address | | | | | | | | | |
| City | | | | State | | | | ZIP | |
| Phone | | | | E-mail Address | | | | | |
| Date Available | | | | | | | | Desired Salary | |
| Position Applied for | | | | | | | | | |
| Are you a citizen of the United States? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.? | | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| Have you ever worked for the Town of Mashpee? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when? | | | | | | |
| Have you ever been convicted of a felony? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain | | | | | | |
| Can you work the full season? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain | | | | | | |
| Can you work through Labor Day? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If not, what will be your last? | | | | | | |
| CPR/Lifeguard Certification? If yes, attach copy of certification. | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Expiration Date | | | | | | |
| Water Safety Instructor Certification? If yes, attach copy of certification. | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Expiration Date | | | | | | |
| EDUCATION | | | | | | | | | |
| High School | | | | Address | | | | | |
| From | | To | | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree | | |
| College | | | | Address | | | | | |
| From | | To | | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree | | |
| Other | | | | Address | | | | | |
| From | | To | | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree | | |
| CORI/ SORI | | | | | | | | | |
| The Town of Mashpee Requires a Criminal Offense Record Inquiry (CORI Check) and a Sexual Offense Record Inquiry (SORI Check) on all prospective employees for certain positions. | | | | | | | | | |

| EMPLOYMENT HISTORY – LIST LAST 2 POSITIONS HELD | | | |
|---|-----------------|--------------------|------------------|
| Company | | Phone | |
| Address | | Supervisor | |
| Job Title | Starting Salary | \$ | Ending Salary \$ |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| Company | | Phone | |
| Address | | Supervisor | |
| Job Title | Starting Salary | \$ | Ending Salary \$ |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |

| REFERENCES | |
|---------------|---------------|
| Name | Name |
| Telephone # | Telephone # |
| Address: | Address: |
| Years Known: | Years Known: |
| Relationship: | Relationship: |

| MILITARY SERVICE | |
|----------------------------------|-------------------|
| Branch | From To |
| Rank at Discharge | Type of Discharge |
| If other than honorable, explain | |

| CORI/ SORI |
|--|
| The Town of Mashpee Requires a Criminal Offense Record Inquiry (CORI Check) and a Sexual Offense Record Inquiry (SORI Check) on all prospective employees for certain positions. |

| EMPLOYMENT OF MINORS |
|---|
| The Town of Mashpee is subject to certain child labor provisions regarding the employment of persons under the age of 18. Anyone under 18 years of age must obtain a work permit. Work permits may be obtained through the School Department. |
| Are you under 18 years of age? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please indicate your age. <input type="checkbox"/> |

Medical Information: All offers of employment are conditional upon satisfactory completion of a physical examination, where required. Satisfactory fitness to perform the essential duties of the position is a condition of employment.

IMPORTANT: TO BE READ BY ALL APPLICANTS

Applicable laws shall apply to this application for employment as well as certain conditions of employment.

I HEREBY CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION (INCLUDING RESUME AND SUPPORTING DOCUMENTATION) ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSIFIED STATEMENTS, MISREPRESENTATIONS, OR OMISSIONS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL OR INELIGIBILITY FOR EMPLOYMENT.

I understand that an offer of employment may be contingent upon passing a physical examination and/or drug/alcohol screen.

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

I understand and acknowledge that, unless otherwise defined by applicable law or by an employment agreement or collective bargaining agreement, any employment relationship is of an "at will" nature, for no definite term, which means that employment may be terminated, with or without cause, and with or without notice, at any time, at the option of either the employer or the employee. I understand that in the event of employment, I am required to abide by all rules and regulations of my employer.

I further understand and acknowledge that this application does not constitute a contract of employment, nor does it constitute a promise or assurance of employment. This status can only be modified by a written document setting forth such modification, signed by both me and an authorized representative of my employer.

This application for employment shall be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time period, or wishing to be considered for a position other than the one specified on page 1 of this form, should inquire as to whether or not applications are being accepted for the position of interest at that time. I understand that, as a condition of employment, a background check may be required, depending upon the position for which I am applying in accordance with applicable laws. This background check may include my driving record, and/or authorization or certification of various licenses or permits as required.

I acknowledge that I have read this application for employment, requirements, and authorization, fully understand its contents and voluntarily agree to its provisions. I further acknowledge that I am expected to abide by all rules, regulations, policies, written or unwritten, but that such rules, regulations and policies do not create a contract between me and my employer or otherwise restrict the right of either party to terminate the employment relationship.

I AUTHORIZE THE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY OTHER PERTINENT INFORMATION THEY MAY HAVE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING INFORMATION TO MY EMPLOYER.

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date

Printed Name